

APPLICATION FOR A REGISTERED IDENTIFICATION NUMBER ("RN")

DO NOT WRITE IN THIS SPACE

RN: _____

DATE ISSUED: _____

UPDATED: _____

BY: _____

1. PURPOSE OF APPLICATION. (Both new applicants and update applicants must complete all entries on this form.)

☐ APPLY FOR A NEW RN

☐ UPDATE INFORMATION ON AN EXISTING RN. ENTER EXISTING RN NUMBER _____

2. LEGAL NAME OF APPLICANT FIRM _____

3. NAME UNDER WHICH APPLICANT DOES BUSINESS, IF DIFFERENT FROM LEGAL NAME _____

4. TYPE OF COMPANY (If "OTHER" is checked, please state the type of company.)

☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ OTHER _____

5. ADDRESS OF PRINCIPAL OFFICE OR PLACE OF BUSINESS (Include zip code. Address must be the actual location where business is conducted in the U.S. An additional mailing address or PO box address may also be listed, if desired.)

OPTIONAL INFORMATION

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

INTERNET URL ADDRESS: _____

6. TYPE OF BUSINESS (Put an 'X' in all the boxes that apply.)

☐ MANUFACTURING ☐ IMPORTING ☐ WHOLESALE

☐ OTHER (Please specify) _____

7. LIST PRODUCTS (To qualify for an RN, a company must be engaged in the importation, manufacturing, selling or other marketing of at least one product line subject to the Textile, Wool, or Fur Act.)

8. CERTIFICATION

The products listed in item seven (7) above are subject to one or more of the following Acts: The Textile Fiber Products Identification Act (15 U.S.C. § § 70-70k), The Wool Products Labeling Act (15 U.S.C. § § 68-68j), or the Fur Products Labeling Act (15 U.S.C. § § 69-69k). By filing this form with the Federal Trade Commission, the company named above applies for a registered identification number to use on labels required by these Acts.

Under penalty of perjury, I certify that the information supplied on this form is true and correct.

SIGNATURE OF PROPRIETOR, PARTNER, OR CORPORATE OFFICIAL

9. NAME (Please print or type)

10. TITLE

11. DATE

INSTRUCTIONS

Regulations under the Textile Fiber Products Identification Act, the Wool Products Labeling Act, and the Fur Products Labeling Act provide that any USA company that is a manufacturer or marketer of fiber or fur products may, in lieu of the name under which it does business, be identified by its RN on labels required by these statutes.

In completing this form, please observe the following:

(a) All blanks must be filled in (except for optional information). **Type or legibly print the required information.**

(b) Item 8 must contain the original signature of a responsible company official.

(c) Send or fax one completed, **signed** copy to:

Federal Trade Commission
Division of Enforcement
600 Pennsylvania Ave, NW
Washington, DC 20580

Fax Number: (202) 326-3197

RNs are subject to cancellation if the holder fails to promptly submit an updated FTC Form 31 upon any change(s) in its legal name (box #2), type of company information (box #4), or business address (box #5).

FEDERAL TRADE COMMISSION
Bureau of Consumer Protection
Division of Enforcement
600 Pennsylvania Avenue, NW
Washington, DC 20580

APPLICATION FOR REGISTERED IDENTIFICATION NUMBER (RN)

Please note the following information:

Your application for a registered identification number will be returned unprocessed if the application is not filled out completely, correctly and legibly.

Under Item #2, for a **CORPORATION**, provide the full legal name under which the applicant is incorporated in the United States. For a **PROPRIETORSHIP**, provide the full legal name of the person who is the proprietor.

Under Item #3, please provide the company name that appears on business documents only if it is a name that is different from the name listed for Item #2.

Under Items #4 and #6, please show type of company and business, respectively.

Under Item #5, a complete and accurate address, including zip code, must appear on the application. We require a physical location of business or corporate office in the United States, (i.e. street address, city (do not abbreviate), state and zip code): a Post Office Box is only acceptable to use for a mailing address in addition to your physical address. Additionally, a C/O address is not acceptable. You may include a current telephone and/or fax number of the principal office or place of business in the United States.

Under Item #7, please list at least one product that is subject to the Textile, Wool, or Fur Acts.

Under Item #8, RN numbers will not be assigned to any company that has failed to have a proprietor, partner or corporate officer sign their application.

Under Item #9, make sure that you type or print legibly the name of the official signing the RN application.

Under Item #10, provide the title of the official signing the RN application.

Under Item #11, provide the date on which the completed RN application is signed by the official of the company.

Once completed, the application can be mailed to the Division of Enforcement at the above address, or faxed to (202) 326-3197.

It will take a total of ten (10) business (working) days to complete the process of obtaining an RN number. Please do not call regarding status of the RN application until after that time period has passed.

Thank you for your cooperation.

Revised 7/99